

OHIO UNIVERSITY

NON-EMPLOYEE INCIDENT REPORT

INSTRUCTIONS FOR NON-EMPLOYEE INCIDENTS: The University Employee completing this form on behalf of a non-employee should ensure that all questions are answered and submit the completed form within 24 hours to Safety and Risk Management at HRTC or FAX 597-1993. Attach additional sheets if necessary to describe this incident. **Immediately report serious incidents to University Police at 593-1911.**

1. Affiliation With University (please check one):
 Ohio University Student Visitor Other (If "other" please describe) _____
2. Name _____
3. Date of Birth _____ 4. Gender _____
5. Mailing Address _____ City/State/Zip _____
6. Home Phone (____) _____ 7. Cell Phone (or other contact number) _____
8. Date of Injury/Illness _____ 9. Time of Day ____:____AM/PM
10. Full names and phone #'s of any witnesses _____

11. What was the individual doing and where just before the incident? Describe the activity. *Be specific.*
Example: "Leaving Memorial Auditorium through north doors." Please state the location on campus at time of the incident.

12. What happened? How did the injury/incident occur? *Be specific.* Example: "Visitor tripped in hole on sidewalk and fell to pavement." Tell us what went wrong.

13. What was the injury, illness, or incident? Tell us the part of the body that was affected and how. Be more specific than "hurt" or "sore". Examples: "strained lower back", "sprained left ankle".

14. What object or substance directly injured the individual? Examples: "concrete floor", "bricks on sidewalk". If this question does not apply to the incident, indicate "N/A" _____

15. Medical Treatment? ___ Yes ___ No If yes, transported by whom? _____
Where was individual transported? _____
Diagnosis & type of treatment if known _____

16. Report Completed By (please print and provide phone number): _____

17. Date Report Completed: _____ 18. Date Incident Reported: _____